

**INFORMATION SYSTEMS ADVISORY COMMITTEE PRIORITIES  
FISCAL YEAR 2003**

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1.     **GUI/CPR**  
Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited.
2.     **BILLING (REVENUE GENERATION, COST AVOIDANCE)**  
Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.
3.     **DATA QUALITY/ACCURACY**  
Ensure quality public health and administrative data for all I/T/Us.
4.     **CACHE CONVERSION**  
Support the conversion from the current operating environment to Cache, a widely used database for health care, from Intersystems Corporation. This would enable continued support and development, and a clear growth path for GUI based applications.
5.     **DECISION SUPPORT SYSTEM**  
Provide universally accessible decision support information that positively impacts the management and delivery of health care. This includes the Executive Information System Support (EISS) software application.
6.     **INFRASTRUCTURE/ARCHITECTURE**  
Facilitate the improvement and growth of I/T/U information processing platforms and their interconnectivity, using standardized systems and processes.
7.     **SECURITY**  
Design and provide methods and standards to assure the privacy of all patient related data that will meet or exceed HIPAA and other government security requirements.
8.     **TRAINING (USER AND TECH)**  
Provide effective information technology and data management training at all levels.
9.     **INTEROPERABILITY**  
Facilitate the interoperability with commercial systems, institute an open standards based information system for the I/T/Us.
10.    **COST ACCOUNTING**  
Provide a quality cost accounting system that is integrated into the IHS Health Information System.

11. IT RESEARCH AND DEVELOPMENT

Facilitate activities to look beyond current IT infrastructure, and explore new methods of connecting providers and managers with needed information. One example would include wireless tablets and Palm devices, which could be used by providers for order entry.

12. TELEMEDICINE COORDINATION

This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.

13. STAFFING (AT ALL LEVELS)

Promote adequate staffing at all levels to support the information technology functions.

14. TECH SUPPORT (HELP DESK)

Provide effective technical support for the current Health Information System.